ACT NOW!
Complete the attached form or download a form at ymca-snoco.org/act.

Your provider will forward the completed form to the YMCA, and a Y staff member will call you with information regarding enrollment and participation.

“This has helped us make different choices as a family, like coming together more for meal time.”
— ACT! parent

GET IN THE ACT!

Today’s families are juggling so many tasks that nutrition and exercise often take a back seat. It doesn’t help that fast food and passive entertainment like video games and TV are a big part of our culture. At any age, a sedentary lifestyle can start dragging your child down, physically and emotionally.

Positive changes can make all the difference. The YMCA can help your family get active, eat well and enjoy the benefits of healthy living as a family!

ACT! ENROLLMENT

ACT! has a rolling open enrollment process. As soon as we have enough people for a class, we will hold one. Classes are offered at all six YMCA of Snohomish County branches.

To enroll or learn more call 360 453 2190 or email healthyliving@ymca-snoco.org.

Everett Family YMCA
2720 Rockefeller Avenue | Everett 98201

Marysville Family YMCA
6420 60th Drive NE | Marysville 98270

Mill Creek Family YMCA
13723 Puget Park Drive | Everett 98208

Monroe/Sky Valley Family YMCA
14033 Fryelands Blvd. | Monroe 98272

Mukilteo Family YMCA
10601 47th Place West | Mukilteo 98275

Stanwood-Camano YMCA
7213 267th St. Nw | Stanwood 98292

YMCA-SNOCO.ORG/ACT

EAT WELL
PLAY OFTEN

ACT!
(Actively Changing Together)
YMCA OF SNOHOMISH COUNTY

FORYOUTHDEVELOPMENT*
FORHEALTHYLIVING
FORSOCIALRESPONSIBILITY
THE POWER OF SUPPORT
If you and your child or teen are facing the issue of how to adopt a healthier lifestyle, you're not alone. One-in-three children in our nation is overweight.

ACT! offers well-established nutrition and exercise principles that your family can put into action right away. These new habits will enhance your child’s health and strengthen family bonds.

With parents taking the lead, families get motivated and enjoy results together. Research has shown that parents are often their children’s most important role models. When kids see their parents enjoying healthy foods and being active, they are more likely to do the same.①

HEALTHY HABITS, HEALTHY KIDS
ACT! is presented in partnership with the YMCA of Snohomish County, Seattle Children’s Hospital, The Everett Clinic, and Providence Medical Group.

“I used to eat just sweet stuff. Now I’m eating more vegetables, really good vegetables. I feel stronger and proud of myself.”

– Mina, ACT! participant

HOW IT WORKS
• ACT! is for youth ages 8-11 or teens ages 12-14.
• Children must be referred by a health care provider and have a BMI ≥ 85th percentile.
• The program is free for eligible participants.
• ACT! is offered on an ongoing schedule throughout the year.
• ACT! includes one 90-minute session per week for 12 weeks.
• A parent/guardian must attend the program with the child.
• ACT! is available at all six YMCA of Snohomish County branches.

NOW ENROLLING
CALL FOR DETAILS

To enroll, a parent/guardian should complete the following:

- I would like to receive more information about the ACT! Program
- I am ready to reserve a spot in the ACT! Program

Child/Teen Name ___________________________
Age ________________________________________
Parent/Guardian Name _______________________ 
Phone ______________________________________ 
Email ______________________________________ 
Address _____________________________________
How did you learn about ACT!? __________________
Preferred Y branch (See listings on reverse) _____
____________________________________________

Give to your health care provider to complete the following:

- I confirm this child/teen is eligible for ACT! with age 8-14 years and BMI ≥85th percentile for age.
- I confirm this child is physically and emotionally able to participate in group physical activity.

Height (cm) ________________________________
Weight (kg) ________________________________
Provider Name ______________________________
Signature ________________________________
Date ______________________________________
Clinic _____________________________________
Email _____________________________________
Phone _____________________________________
Fax ________________________________________

Please fax this completed form to: YMCA of Snohomish County Healthy Living Program Coordinator 1 844 860 1196 Or scan and email to: healthyliving@ymca-snoco.org

① Office of the Surgeon General, U.S. Department of Health and Human Services